

2005-06
Belmont



After School Recreation!

BELMONT RECREATION CENTER

1234 Judson Street ~ Lincoln NE 68521
(402) 441-6789

SLIDING RATE FEE:

(Consideration based on income and size of household.) Complete a registration form and a sliding fee form that is available at the Belmont Recreation Center. Forms must be submitted with proof of income (recent paycheck stub or tax return). Contact the Belmont Recreation Center at 441-6789 to determine amount you will pay. Families receiving a sliding fee rate cannot receive the multiple child discount. PROGRAM IS APPROVED TO ACCEPT TITLE XX.

MULTIPLE CHILD DISCOUNT:

\$78 per child/per session. Families enrolling more than one child will receive a multiple child discount, if all children live in the same household. The full base rate applies to the first child, additional children receive the \$5 discount.

PRE-REGISTRATION:

Payment for first session must accompany completed registration form. You may register for any or all of the sessions now. Indicate which sessions you want your child to attend. Payment for later sessions required BEFORE the first day of each session.

SESSION DATES:

- #1 August 29 - September 23
- #2 September 26 - October 21
- #3 October 24 - November 23
- #4 November 28 - December 23
- #5 January 4 - February 3
- #6 February 6 - March 3
- #7 March 6 - April 7
- #8 April 10 - May 5
- #9 May 8 - June 1

PAYMENT DUE:

- due at registration
- Friday, Sept. 23
- Friday, Oct. 21
- Friday, Nov. 18
- Friday, Dec. 23
- Friday, Feb. 3
- Friday, March 3
- Friday, April 7
- Friday, May 5

REGISTER EARLY!

**WE RESERVE THE RIGHT TO LIMIT THE
NUMBER OF REGISTRATIONS.**

Make checks payable: Lincoln Parks and Recreation
Return to: Belmont Recreation Center
1234 Judson Street
Lincoln NE 68521

For more information **Call 441-6789**

Each School Day for K-5th Grade
2:55 p.m. until 5:30 p.m.

Adult Supervision \$78 per child/per session
provided at all times! 5:30-6pm - \$5.00 per session.

AFTER SCHOOL RECREATION 2005-2006 BELMONT RECREATION - REGISTRATION FORM

Participant's Name _____ Site Attending _____

Address _____ City _____ State _____ Zip _____ Grade _____

Name of Parents _____ Child's Birthdate _____

Day Phone (Name of Parent at Day Phone) _____ Evening Phone _____

Another Person to contact in case of emergency _____ Phone _____

Session Desired: Put a check mark in front of desired sessions

<input type="checkbox"/>	Session #1	<input type="checkbox"/>	Session #5	<input type="checkbox"/>	Session #9
<input type="checkbox"/>	Session #2	<input type="checkbox"/>	Session #6	<input type="checkbox"/>	
<input type="checkbox"/>	Session #3	<input type="checkbox"/>	Session #7	<input type="checkbox"/>	
<input type="checkbox"/>	Session #4	<input type="checkbox"/>	Session #8	<input type="checkbox"/>	

Amount Enclosed \$ _____ Check# _____ Receipt # _____

Waiver and Release of all Claims

For and in consideration, the undersigned parent(s) or guardian(s) of the participant in the Before and/or After School Recreation, I/we recognize and acknowledge that there are certain risks of physical injury and I/we agree to assume the full risk of any injuries, including death, or loss which the undersigned or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I/we do hereby declare that I/we waive all claims of whatsoever kind or nature against the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims arising from injuries, including death, damage or loss which I/we or my minor child or ward may incur or may accrue to me or my minor child or ward on account of participation in the activities of this program. I/we further agree to indemnify and hold harmless and defend the City of Lincoln and the Parks and Recreation Department, its officials, officers, agents, employees and volunteers from any and all claims resulting from injuries, including death, damages and losses sustained by the undersigned or my minor child or ward or arising out of this program. I/we have read and understand the above Waiver and Release of All Claims and understand the effect of the relinquishment of the rights hereby waived.

Signature of Parent/Guardian _____ Relationship _____ Date _____

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I/we also give absolute and irrevocable right and permission with respect to photographs or video that may be taken of my child/ward to the City of Lincoln for their use in promotions and advertising.

Signature of Parent/Guardian _____ Relationship _____ Date _____

Medical Permission: In the event of an emergency, I authorize Parks and Recreation officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Signature of Parent/Guardian _____ Relationship _____ Date _____